## Clark County RSN PRACTITIONER REPORT

Agency: Date:	_	_
	Agency:	Date:

					Indicate Specialist status with an "X"								Non-English Language(s) Spoken		
	Francis Contitiontal Fra			F1/15	Age Minorities						Disability				
Name (Last, First)	Employment Status	Degree	Certificate/ License #	Exp. Date	Child	Adults	ΔΔ	AP	HS	NA	חח	DF	PD	Lang 1	Lang 2
Hame (Last, 1 list)	Otatao	Dogioo	Liconoc II	Duto	Onna	/ tauto	AA		110	IVA				Lang	Lung L
	1														
	1														
	1														
	†														
				_				_					_		

Key: AA=African America; AP=Asian/Pacific Islander; HS=Hispanic; NA=Native American; Deaf=deaf/hearing impaired; DD=developmental disability; PD=physically diabled; OA=older adult; child=child